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Complete and send the	his form Oogether with	h applicable f	ee(s), to: <u>M</u> or l		Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg (703) 746-4000	or Patents		
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Barton E Showalter Esq BAKER BOTTS LLP Suite 600 2001 Ross Avenue					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the Un States Postal Service with sufficient postage for first class mail in an envel addressed to the Mail Stop ISSUE FEE address above, or being facsim transmitted to the USPTO (703) 746-4000, on the date indicated below.			
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01 FC:1501 1400.00 OP								
APPLICATION NO.	NO. FILING DATE FIRST NAMED INVI) INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/608,657	09/608,657 06/30/2000 Fulvio Arecco					10676-0057-25	1321	
TITLE OF INVENTION: AUTOPROTECTED OPTICAL COMMUNICATION RING NETWORK								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional				\$0 .	\$1400	09/30/2005		
EXAMINER				CI	ASS-SUBCLASS	j		
KIM, DAVID S 263			398-004000					
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicati PTO/SB/47; Rev 03-02 o Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Baker Botts L.L.P.							
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Authorized Signature Date Date								
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